

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004171 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 04/10/2015 |
| NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH NORTH HOSPITAL | | STREET ADDRESS, CITY, STATE, ZIP CODE 11700 N MERIDIAN ST CARMEL, IN 46032 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| S 000 | <p>INITIAL COMMENTS</p> <p>This was a State hospital complaint investigation.</p> <p>Complaint: #IN00159624 Substantiated: State deficiency related to the allegations is cited.</p> <p>Facility Number: 004171</p> <p>Survey Date: 04/10/2015</p> <p>QA: cjl 04/30/15</p> | S 000 | | |
| S 102 | <p>410 IAC 15-1.2-1 COMPLIANCE WITH RULES</p> <p>410 IAC 15-1.2-1 (a)</p> <p>(a) All hospitals shall be licensed by the department and shall comply with all applicable federal, state, and local laws and rules.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow Federal rules and their grievance policy for 1 of 1 complaints/grievances for five patients reviewed (#N1).</p> <p>Findings included:</p> <p>1. Federal regulation 42 CFR 482.13 (a)(2)(ii) indicates the following: the grievance process must specify time frames for review of the grievance and the provision of a response.</p> <p>2. The facility policy "Patient/Parent Rights and Responsibilities", effective 04/07/2011, indicated, "C. Patient Grievance Process: ...3. The patient</p> | S 102 | | 6/11/15 |

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| S 102 | <p>Continued From page 1</p> <p>advocate will advise the patient that his or her complaint will take from between one day to six weeks to review. Should the complaint take longer to investigate, the patient advocate will contact the patient to discuss the reason for the longer investigation time. ...5. The patient advocate will communicate the results of the investigation and any needed action to the patient. 6. The patient will receive a written response regarding the resolution of the patient complaint. This written response will include: a. The name of the hospital contact person. b. The steps taken on behalf of the patient to investigate the grievance. c. The results of the grievance process except that information protected by peer review. d. The date of completion."</p> <p>3. Review of the facility's complaints/grievances from May through July 2014, with staff members #2, the Director of Clinical Operations, and #3, the Director of Quality, indicated one filed 05/07/14 by patient #1. An initial letter was sent to the complainant on 05/23/14 by staff member #6, the Patient Experience Coordinator, acknowledging his/her concerns and indicating an investigation was underway. Staff member #6 indicated he/she would be in contact soon. A second letter was sent 05/30/14 and indicated the investigation was still ongoing. The letter indicated, "Once our investigation is complete, we will follow-up with you regarding this. As I mentioned last week, we are in receipt of your complaint and are currently investigating. We will be in contact soon to ensure we keep you informed on next steps." No further documentation was provided to indicate any other letters/communication were sent to the complainant regarding the investigation or resolution of the complaint.</p> | S 102 | | |

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| S 102 | <p>Continued From page 2</p> <p>4. At 12:40 PM on 04/10/15, staff member #2 talked with staff member #6, the Patient Experience Coordinator, on speaker phone. Staff member #6 indicated patient #1's complaint was sent to the ED (Emergency Department) Medical Director, but also to the Risk Manager, staff member 8, because the patient requested financial compensation. Staff member #6 confirmed he/she sent the two letters, dated 05/23/14 and 05/30/14, to the patient, but indicated he/she did not send any final resolution letter or any further communication. He/she indicated he/she assumed it was followed up by staff member #8.</p> <p>5. At 1:15 PM on 04/10/15, staff member #3, indicated confidential documentation indicated the complaint was received 05/07/14, sent to the ED Medical Director on 05/13/14, and had the investigation completed by the ED Medical Director on 06/03/14. He/she indicated it would then have been the responsibility of staff member #6 or #8 to respond to the patient.</p> <p>6. At 1:30 PM on 04/10/15, both staff members #2 and #3 confirmed the lack of any final resolution letter in their system for complaints. They were unable to reach staff member #8 to determine whether he/she had any additional communication. They both indicated there was no further communication from the patient regarding the complaint or its resolution.</p> | S 102 | | |